DOCUMENT RESUME

ED 443 574 PS 028 737

AUTHOR Caruso, David A.; Horm-Wingerd, Diane M.; Golas, Julianna C.
TITLE CHILD, Inc. Head Start & the University of Rhode Island Partnership: The Early Head Start Continuous Improvement & Evaluation Plan.
PUB DATE 2000-06-00
NOTE 12p.; Paper presented at the Head Start National Research Conference (5th, Washington, DC, June 28-July 1, 2000).
PUB TYPE Reports - Evaluative (142) -- Speeches/Meeting Papers (150)
EDRS PRICE MF01/PC01 Plus Postage.
DESCRIPTORS Early Childhood Education; *Early Intervention; *Evaluation Methods; Partnerships in Education; Preschool Children; Preschool Education; *Preschool Evaluation; Program Descriptions; Program Evaluation
IDENTIFIERS *Early Head Start; Project Head Start

ABSTRACT

One of the first joint efforts of the collaborative partnership of the University of Rhode Island and the CHILD, Inc. Head Start program has been the design of the Early Head Start Continuous Improvement and Evaluation Project (EHS Plan), research designed to assess and continuously strengthen the quality of services offered to children and families enrolled in Early Head Start. Based on the view that forming an equal partnership between the evaluators and Head Start staff leads to collaboration in the conception, design, and implementation of an evaluation study, this collaboration enables the joint formulation of meaningful questions and determination of appropriate methods. This paper highlights the EHS Plan. The project used a multi-variable, multi-system, and contextual research design; data collection strategies included records review, questionnaires for staff and families, observation, and interviews. Three major areas comprising the project are noted: (1) assessment of progress toward program objectives; (2) collection of qualitative information on families; and (3) documentation on program management. An appended table delineates the goals for program evaluation and training, and technical assistance in the areas of child development, family development, community building, and staff development. The report concludes by asserting that the EHS evaluation plan and partnership comprise a model design that can meet the growing needs of Head Start. (KB)

Reproductions supplied by EDRS are the best that can be made
from the original document.

ED 443 574

CHILD, Inc. Head Start & the University of Rhode Island Partnership: The Early Head Start Continuous Improvement & Evaluation Plan

David A. Caruso
University of Hartford
Diane M. Horm-Wingerd & Julianna C. Golas
University of Rhode Island

U.S. DEPARTMENT OF EDUCATION
EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)
PERMISSION TO REPRODUCE AND DISSEMINATE THIS MATERIAL HAS BEEN GRANTED BY
Julianna C. Golas
TO THE EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)

The Early Head Start Continuous Improvement and Evaluation Project (EHS Plan) is a research study designed to assess and continuously strengthen the quality of services offered to children and families enrolled in Early Head Start. Federal recommendations suggest that each Early Head Start initiative be accompanied by an evaluation project to determine the effectiveness of the program and increase understanding about which services work best for families with infants and toddlers. This recommendation strengthened the partnership of CHILD, Inc. Head Start and the University of Rhode Island.

The relationship between CHILD, Inc. and the University of Rhode Island dates back to the early 1990's with the evaluation of the New England Head Start Teaching Center. Since that time the two institutions have collaborated on numerous projects including using the Head Start facility as a teaching center for university undergraduate students, having Head Start staff lecture at university classes, and joint grant writing efforts to improve Head Start services. The creation of the CHILD, Inc./University of Rhode Island Partnership was a natural evolution. One of the first efforts of the Partnership was the design of the EHS Plan. From the beginning, the design of the EHS Plan followed a community collaborative, co-learning approach (Ostrom, Lerner & Freel, 1995). A basic tenet of this approach is the necessity of forming an equal partnership between the evaluators and Head Start staff that leads to true collaboration in the conception, design and implementation of an evaluation study. The collaboration enables the joint formulation of meaningful questions and determination of appropriate methods—both parties contribute their expertise and unique strengths to the design and implementation of the study (Denner, Cooper, Lopez, & Dunbar, 1999). Ostrom et al.

PS 028737

BEST COPY AVAILABLE

(1995) report that such an approach enhances cooperation and interest of the "evaluated" and greatly increases the likelihood that the results will be meaningful and used.

Following the collaborative, co-learning model, the initial activity of the partnership was to collaborate in refining program goals, developing and choosing evaluation questions that were important, identifying outcome measures that were meaningful and valid, and developing support for the evaluation project among the varied constituent groups (staff, parents, Policy Council, etc). An initial product was the development of a matrix that listed program goals and objectives for each cornerstone and program area (see Figure 1). Measures and methods to assess these goals and objectives were co-determined and a timeline for implementation was agreed upon.

The EHS plan closely parallels the National Early Head Start Evaluation currently being commissioned by the Administration on Children, Youth and Families. To create consistency and in an effort to generalize the results many of the instruments used in the National Study were adopted in the EHS Plan. The EHS Plan uses a multi-variable, multi-system and contextual research design. Data collection strategies include records review, questionnaires for staff and families, observation, and interviews. This approach to evaluation ensures that the outcomes adequately reflect the priorities and needs of the Head Start agency and that outcomes inform and modify future service delivery (McKillip, 1987). The EHS Plan focuses on three major areas: (1) assessment of progress towards program objectives; (2) collection of qualitative information on families; and (3) documentation on program management.

As Head Start continues to evolve, so do the challenges that accompany assessment and evaluation of the varying programs and models. Evaluation plans that can accurately assess all the multiple components of Head Start will be needed as Head Start transitions into the next century. The EHS Evaluation Plan and Partnership is a model design that can meet the growing needs of Head Start.

Bibliography

Denner, J., Cooper, C. R., Lopez, E. M., & Dunbar, N. (1999) Beyond "giving science away": How university-community partnerships inform youth programs, research, and policy. Society for Research in Child Development Social Policy Report, 13(1), 1-18.

McKillip, J. (1987). Needs analysis: Tools for the human services and education. Beverly Hills, CA: Sage Publications.

Ostrom, C.W., Lerner, R. M., & Freel, M. A. (1995). Building the capacity of youth and families through university-community collaborations: The Development-in-Context Evaluation (DICE) Model. Journal of Adolescent Research, 10, 427-448.

Direct all correspondence to: Julianna C. Golas, HDF-Transition Center, 10 Lower College Road, University of Rhode Island, Kingston, RI 02881-0818.

Figure 1

	Child Development	Family Development	Community Building	Staff Development
Program Evaluation	Goal 1. To provide comprehensive and multidisciplinary services Indicators: a. program includes early childhood development and health services b. provides comprehensive & multidisciplinary child & family assessment Goal 2. To ensure optimal child development Indicators: a. over time, children will perform at developmental norms on developmental assessment instr. in all developmental domains Goal 3. Maximize the quality of all program services Indicators: a. Parent involvement in all aspects of program including program design, development and evaluation, and policy and procedure development b. effective partnerships with community agencies to implement high quality services c. evidence of a high quality developmentally appropriate program that is age, individually and culturally appropriate	Goal 1. To support parent as educator and ensure the home as the primary learning environment Indicators: a. safe home environment (psychological) b. parents engage with program c. effective parent/child interaction d. knowledge of child dev. and appropriate expectations e. child appropriate home environment Goal 2. To enhance family empowerment/self advocacy Indicators: a. family takes advantage of social supports and networks b. family takes primary responsibility for FPA c. increased self efficacy Goal 3. To facilitate progress towards self sufficiency Indicators: a. volunteering b. participating in community service c. participating in job training d. gainfully employed	Goal 1. Increased collaboration with other agencies Indicators: a. joint trainings b. provide venues to share information Goal 2. Promoting awareness of critical issues and public responsibility for the prenatal through the first 3 years of life Indicators: a. disseminate info to citizens and decision makers in a variety of formats (newsletter 4X a year, annual report) b. enhance face-to-face interactions to build capacity and commitment for the prenatal through first 3 yrs of life (task force, summer institute, annual seminar) c. high customer satisfaction with trainings and sharing	Goal 1. Increase staff competence through a variety of ways Indicators: a. use case review as a continuous improvement tool b. seasoned staff serve as mentors to new staff c. staff recieves higher than average wages and benefits on an agency wide basis d. conference and other training e. collegial support Goal 2. Provide resources for discipline based specialized knowledge Indicators: a. coordinators provide specialized knowledge

BEST COPY AVAILABLE

	Child Development	Family Development	Community Building	Staff Development
Progam Evaluation cont...	Goal 4. Fully integrate children with special needs into all program activities Indicators: a. at least 10% of children enrolled in program are children with disabilities b. children with disabilities are functionally engaged in all program activities Goal 5. Provide for positive transition into Head Start and other programs Indicators: a. program has planned transition process that includes appropriate timeliness and procedures b. evidence of high quality delivery and implementation	Goal 4. Family utilizes family health services Indicators: a. evidence of primary care physician b. parents use appropriate health services		

BEST COPY AVAILABLE

	Child Development	Family Development	Community Building	Staff Development
Training and Technical Assistance	Goal 1. Training is provided which focuses on state of the art knowledge and skills in the following areas: a) development of infants and toddlers including those with special needs; b) comprehensive and multidisciplinary child assessment; and c) implementation of a developmentally appropriate, family focused pro_ram. Indicators: a. Is the content of training appropriate? b. Are adequate numbers of training provided for each of the content areas above? c. Is trainee satisfaction achieved?	Goal 1. Training is provided which focuses on state of the art knowledge and skills in the following areas: a) development and functioning of families, including those with multiple risks; b) multidisciplinary family assessment; and c) implementation of a developmentally appropriate, family focused program. Indicators: a. Is the content of training appropriate? b. Are adequate numbers of training provided for each of the content areas above? c. Is trainee satisfaction achieved?	Goal 1. Training is provided which focuses on state of the art knowledge and skills in the following areas: a) collaboration for administration, task force and community partners; b) understanding of social policy in Rhode Island; and c) strengthening community wide capacity, marketing ...d public relations. Indicators: a. Is the content of training appropriate? b. Are adequate numbers of training provided for each of the content areas above? c. Is trainee satisfaction achieved?	Goal 1. Training is provided that focuses on state of the art knowledge and skills in delivering staff development. Indicators: a. Is the content of training appropriate? b. Are adequate numbers of training provided for each of the content areas above? c. Is trainee satisfaction achieved?

BEST COPY AVAILABLE

	Child Development	Family Development	Community Building	Staff Development
Program Management	Goal 1. Maintains records that a comprehensive home-based program is implemented Indicators: a. child recieves weekly home visits b. child attends family day at center c. Child Indiv. Dev. Plan is completed and describes implemented activities and child's progress Goal 2. Maintains records that a comprehensive center based program is implemented Indicators: a. child recieves center based child care b. child recieves home visits Child Inc: Once every 2 weeks Cranston: 2 times per year c. Child Indiv. Dev. Plan is completed and describes implemented activities and child's progress Goal 3. Implements a systematic approach to the use of program records for management decision making. a. occurs with adequate regularity and frequency	Goal 1. Maintains records that a comprehensive home based program is implemented. Indicators: a. family recieves weekly home visits b. parent/guardian attends family day at center c. parent and home visitor collaborate on activities to be implemented during home visit d. Home Visit Plan is completed and describes implemented activities and family's progress Goal 2. Maintains records of parent participation Indicator: a. participation in the process of making decisions about the nature and operation of the program b. participation in the classroom as a paid employee, volunteer or observer c. activities for the parents which they have helped to develop d. working with their children in cooperation with the staff Goal 3. Implements a systematic approach to the use of program records for management decision making. a. occurs with adequate regularity and frequency	Goal 1. Adequate records are maintained about collaborative activities Indicators: a. referals made to outside agencies that service children and families b. services provided by outside agencies that service children and families c. case notes are completed and describe implemented activities and child's progress Goal 2. Adequate records are maintained about public awareness activities. Indicators: a. # of newsletters, annual reports or other written material b. # of task force, summer institutes and other face-to-face interactions Goal 3. Implements a systematic approach to the use of program records for management decision making. a. occurs with adequate regularity and frequency	Goal 1. Maintains adequate records of comprehensive training for staff development Indicators: a. records kept about # and kind of training b. records kept about content and quality of trainings Goal 2. Implements a systematic approach to the use of program records for management decision making. Indicators: a. occurs with adequate regularity and frequency

BEST COPY AVAILABLE